

## **Historic, Archive Document**

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NATIONAL ANALYSTS  
A Division of Booz·Allen  
& Hamilton Inc.

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Study #: 09010-073-001  
OMB #: 0586-0014  
Expires: Feb. 29, 1992

aTX360  
.U6N385  
1989

## CONTINUING SURVEY OF FOOD INTAKES BY INDIVIDUALS-1989

UNITED STATES DEPARTMENT OF AGRICULTURE

### **Screening Form**

8 ~ 1 5

Telephone #:    -    (CHECK BOX IF NO TELEPHONE):

Interviewer's Name:

Interviewer's ID #: 

1 9 ~ 2 2			

 Date: 

(Month)	

(Day)	

1	9		
		(Year) 2 3 ~ 2 8	

INTRODUCTION: (ASK TO SPEAK WITH THE WOMAN OF THE HOUSE AND/OR MAIN MEAL PLANNER/PREPARED. IF NOT AVAILABLE, ASK TO SPEAK WITH KNOWLEDGEABLE ADULT) Hello, I am \_\_\_\_\_ from National Analysts. We are conducting a food survey for the United States Department of Agriculture. We are talking to people about what they eat and drink. Your household has been selected to take part in this interesting and important study. (SHOW USDA LETTER) This letter tells you more about the study. As the letter indicates, everything you say will be kept confidential. All information will be reported as statistics only.

- S1. To begin, how many people regularly live in this household? Count those who usually live here, including those who are temporarily absent, that is, traveling, in a hospital, at camp or similar places. Exclude persons living away at school or other institutions.

**NUMBER OF PEOPLE:**

1

29~30

- S2. How many of these household members are: (READ AGE CATEGORIES. ENTER NUMBERS BELOW. TOTAL NUMBER OF PEOPLE SHOULD EQUAL NUMBER IN Q.S1)

( READ )

Under 15 years?	3 1 ~ 3 2
15 to 24 years?	3 3 ~ 3 4
25 to 44 years?	3 5 ~ 3 6
45 to 64 years?	3 7 ~ 3 8
65 years or over?	3 9 ~ 4 0
<b>TOTAL # OF PEOPLE</b>	<b>4 1 ~ 4 2</b>

S3. Are you the person most responsible for planning or preparing the meals?

Yes	1
No	2

**IF YES:** RECORD NAME OF RESPONDENT: \_\_\_\_\_

**IF NO:** ASK TO SPEAK WITH PERSON MOST RESPONSIBLE FOR PLANNING OR PREPARING MEALS AND REPEAT INTRODUCTION. MAKE APPOINTMENT TO COME BACK, IF NECESSARY

BEGIN INTERVIEW WITH MEAL PLANNER/PREPARER

**HOUSEHOLD RESULT OF CALL RECORD**

CALL #	DATE	TIME	AM	PM	RESULT CODE* (SEE BELOW)	RECORD REASONS HERE
50 ~ 51	52 ~ 55	56 ~ 59	60	61 ~ 62		
1			1	2		
2			1	2		
3			1	2		
4			1	2		
5			1	2		
6			1	2		
7			1	2		
8			1	2		
9			1	2		
10			1	2		
11			1	2		
12			1	2		

\*Household Result of Call Codes

1. Interview completed
2. Screening completed, interview appointment made
3. Screening completed, interview appointment not yet made
4. DO NOT USE
5. Screening completed, household refused participation (RECORD REASONS ABOVE)
6. Telephone busy (CALL AGAIN IN 1/2 HOUR)
7. Telephone out of order
8. Screening refused (RECORD REASONS ABOVE)
9. Screening appointment made (RECORD DATE/TIME ABOVE)
10. No one home/No answer after 10 rings
11. Language barrier (IDENTIFY LANGUAGE ABOVE)
12. Vacant/Not a housing unit
13. Other (SPECIFY ABOVE)

IF FINAL  
RESULT,  
ANSWER  
NON-  
RESPONSE  
QUESTIONS  
ON PAGE 4

## INDIVIDUAL INTAKE RESULT OF CALL RECORD

PERSON LINE #	PERSON'S FIRST NAME	DAY 1 RECORD (CIRCLE CODE FOR EACH PERSON)			DAY 2 & 3 RECORD (CIRCLE CODE FOR EACH PERSON)		
		OBTAINED	NOT OBTAINED:	REASON	OBTAINED	NOT OBTAINED:	REASON
01 10~11		1 12	2		1 13	2	
02 14~15		1 16	2		1 17	2	
03 18~19		1 20	2		1 21	2	
04 22~23		1 24	2		1 25	2	
05 26~27		1 28	2		1 29	2	
06 30~31		1 32	2		1 33	2	
07 34~35		1 36	2		1 37	2	
08 38~39		1 40	2		1 41	2	
09 42~43		1 44	2		1 45	2	
10 46~47		1 48	2		1 49	2	
11 50~51		1 52	2		1 53	2	
12 54~55		1 56	2		1 57	2	
13 58~59		1 60	2		1 61	2	
14 62~63		1 64	2		1 65	2	
15 66~67		1 68	2		1 69	2	
16 70~71		1 72	2		1 73	2	

TRANSMITTAL FORM

END CARD 02

Cooperating Household

YOU ARE ENCLOSING:

- Screening Form
- Household Questionnaire
- Respondent Payment Record
- # Day One Intake Records
- # Day Two/Three Intake Records

Noncooperating Household

YOU ARE ENCLOSING:

- Screening Form only  
(Nonresponse questions on page 4 completed)

## NONRESPONSE QUESTIONS

**INTERVIEWER:** PLEASE COMPLETE THESE QUESTIONS IF FINAL HOUSEHOLD RESULT OF CALL ON PAGE 2 IS A CODE 5 THROUGH 11 OR CODE 13. ANSWER Q'S 4 TO 9 BASED ON YOUR CONTACT WITH THE HOUSEHOLD. IF YOU HAVE NOT MADE CONTACT, GET INFORMATION FROM A NEIGHBOR

1. Describe in detail why this household is nonresponsive or not willing to participate in the survey.
2. Who, if anyone, did you speak with? What is this person's name and who is she/he in the household (e.g., son of female head, main meal planner/preparer)?

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

10	
Did not/Could not speak with anyone in the household	1
Was refused permission to enter building -- never got to the specific housing unit	2

3. What might we do or say to complete a screening or have this household participate in the survey?
4. To the best of your knowledge, would you say this household is:

11	
White, or	1
Nonwhite?	2

5. To the best of your knowledge, would you say this household is of:

12	
Spanish origin, or	1
Non-Spanish origin?	2

## ANSWER Q'S 6 TO 9 ONLY IF YOU COULD NOT COMPLETE SCREENING QUESTIONNAIRE

6. In your judgment, is the male head of household:

13	
Under 50 years, or	1
50 years old or older?	2

7. In your judgment, is the female head of household (woman of the house):

14	
Under 50 years, or	1
50 years old or older?	2

8. To the best of your knowledge, are there any children in the household 18 years old or less?

15	
Yes	1
No	2

9. In your judgment, is this household:

16	
Very well off,	1
Middle income, or	2
Not well off at all?	3

NATIONAL ANALYSTS  
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aTX360 CONTINUING SURVEY OF FOOD INTAKES BY INDIVIDUALS - 1989  
U6N385  
1989 UNITED STATES DEPARTMENT OF AGRICULTURE

### **Screening Form**

8~15  
16~18

Screening  
Respondent's Full Name: [REDACTED] [REDACTED]  
(First Name) (Last Name)

Telephone #:      -    (CHECK BOX IF NO TELEPHONE):

Interviewer's Name:

INTRODUCTION: (ASK TO SPEAK WITH THE WOMAN OF THE HOUSE AND/OR MAIN MEAL PLANNER/PREPARED. IF NOT AVAILABLE, ASK TO SPEAK WITH KNOWLEDGEABLE ADULT) Hello, I am \_\_\_\_\_ from National Analysts. We are conducting a food survey for the United States Department of Agriculture. We are talking to people about what they eat and drink. Your household has been selected to take part in this interesting and important study. (SHOW USDA LETTER) This letter tells you more about the study. As the letter indicates, everything you say will be kept confidential. All information will be reported as statistics only.

- S1. To begin, how many people regularly live in this household? Count those who usually live here, including those who are temporarily absent, that is, traveling, in a hospital, at camp or similar places. Exclude persons living away at school or other institutions.

**NUMBER OF PEOPLE:**

29~30

- S2. How many of these household members are: (READ AGE CATEGORIES. ENTER NUMBERS BELOW. TOTAL NUMBER OF PEOPLE SHOULD EQUAL NUMBER IN Q.S1)

( READ )

Under 15 years?	31~32
15 to 24 years?	33~34
25 to 44 years?	35~36
45 to 64 years?	37~38
65 years or over?	39~40
<b>TOTAL # OF PEOPLE</b>	41~42

S2a.

(CIRCLE # OF PEOPLE IN HOUSEHOLD FROM Q.S1 IN INCOME GRID BELOW) What was the total income received last month by all members of this household before taxes and other deductions? Do not include food stamps or WIC (Women, Infants and Children Program) benefits. Do include salaries and wages, Social Security, other benefit checks and the like. (RECORD AMOUNT IN BOX FOR MONTHLY INCOME BELOW NUMBER OF PERSONS CIRCLED)

Number of People 4 3 ~ 4 4	1	2	3	4	5	6	7	8	9	10
Monthly Income										
Income Limit 4 5 ~ 4 8	\$648	\$869	\$1,090	\$1,311	\$1,532	\$1,753	\$1,974	\$2,195	\$2,416	\$2,637
Number of People	11	12	13	14	15	16	17	18	19	20
Monthly Income										
Income Limit	\$2,858	\$3,079	\$3,300	\$3,521	\$3,742	\$3,963	\$4,184	\$4,405	\$4,626	\$4,847

- IF INCOME RECORDED IS GREATER THAN INCOME LIMIT FOR NUMBER OF PEOPLE IN HOUSEHOLD, TERMINATE -- HOUSEHOLD RESULT OF CALL CODE 4
- IF INCOME IS SAME OR SMALLER, CONTINUE WITH Q.S3

S3.

Are you the person most responsible for planning or preparing the meals?

Yes	1
No	2

IF YES: RECORD NAME OF RESPONDENT: \_\_\_\_\_

IF NO: ASK TO SPEAK WITH PERSON MOST RESPONSIBLE FOR PLANNING OR PREPARING MEALS AND REPEAT INTRODUCTION. MAKE APPOINTMENT TO COME BACK, IF NECESSARY

BEGIN INTERVIEW WITH MEAL PLANNER/PREPARER

5 0 ~ 5 1      5 2 ~ 5 5      5 6 ~ 5 9      6 0      HOUSEHOLD RESULT OF CALL RECORD  
6 1 ~ 6 2

CALL #	DATE	TIME	AM	PM	RESULT CODE* (SEE BELOW)	RECORD REASONS HERE
1			1	2		
2			1	2		
3			1	2		
4			1	2		
5			1	2		
6			1	2		
7			1	2		
8			1	2		
9			1	2		
10			1	2		
11			1	2		
12			1	2		

\*Household Result of Call Codes

1. Household eligible, interview completed
2. Household eligible, interview appointment made
3. Household eligible, interview appointment not yet made
4. Household ineligible, income too high (Q.S2a)
5. Household eligible, participation refused (RECORD REASONS ABOVE)
6. Telephone busy (CALL AGAIN IN 1/2 HOUR)
7. Telephone out of order
8. Screening refused before eligibility determined (RECORD REASONS ABOVE)
9. Screening appointment made (RECORD DATE/TIME ABOVE)
10. No one home/No answer after 10 rings
11. Language barrier (IDENTIFY LANGUAGE ABOVE)
12. Vacant/Not a housing unit
13. Other (SPECIFY ABOVE)

IF FINAL  
RESULT,  
ANSWER  
NON-  
RESPONSE  
QUESTIONS  
ON PAGE 4

## INDIVIDUAL INTAKE RESULT OF CALL RECORD

PERSON LINE #	PERSON'S FIRST NAME	DAY 1 RECORD (CIRCLE CODE FOR EACH PERSON)			DAY 2 & 3 RECORD (CIRCLE CODE FOR EACH PERSON)		
		OBTAINED	NOT OBTAINED:	REASON	OBTAINED	NOT OBTAINED:	REASON
01		1	2		1	2	
10~11		12			13		
02		1	2		1	2	
14~15		16			17		
03		1	2		1	2	
18~19		20			21		
04		1	2		1	2	
22~23		24			25		
05		1	2		1	2	
26~27		28			29		
06		1	2		1	2	
30~31		32			33		
07		1	2		1	2	
34~35		36			37		
08		1	2		1	2	
38~39		40			41		
09		1	2		1	2	
42~43		44			45		
10		1	2		1	2	
46~47		48			49		
11		1	2		1	2	
50~51		52			53		
12		1	2		1	2	
54~55		56			57		
13		1	2		1	2	
58~59		60			61		
14		1	2		1	2	
62~63		64			65		
15		1	2		1	2	
66~67		68			69		
16		1	2		1	2	
70~71		72			73		

END CARD 02

TRANSMITTAL FORM	
<u>Cooperating Household</u>  YOU ARE ENCLOSING:	<u>Noncooperating Household</u>  YOU ARE ENCLOSING:
<input type="checkbox"/> Screening Form <input type="checkbox"/> Household Questionnaire <input type="checkbox"/> Respondent Payment Record <input checked="" type="checkbox"/> Day One Intake Records <input checked="" type="checkbox"/> Day Two/Three Intake Records	
<input type="checkbox"/> Screening Form only (Nonresponse questions on page 4 completed)	

**INTERVIEWER:** PLEASE COMPLETE THESE QUESTIONS IF FINAL HOUSEHOLD RESULT OF CALL ON PAGE 2 IS A CODE 5 THROUGH 11 OR CODE 13. ANSWER Q'S 4 TO 9 BASED ON YOUR CONTACT WITH THE HOUSEHOLD. IF YOU HAVE NOT MADE CONTACT, GET INFORMATION FROM A NEIGHBOR

1. Describe in detail why this household is nonresponsive or not willing to participate in the survey.
2. Who, if anyone, did you speak with? What is this person's name and who is she/he in the household (e.g., son of female head, main meal planner/preparer)?

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

Did not/Could not speak with anyone in the household	10 1
Was refused permission to enter building -- never got to the specific housing unit	2

3. What might we do or say to complete a screening or have this household participate in the survey?
4. To the best of your knowledge, would you say this household is:

White, or	11 1
Nonwhite?	2

5. To the best of your knowledge, would you say this household is of:

Spanish origin, or	12 1
Non-Spanish origin?	2

**ANSWER Q'S 6 TO 9 ONLY IF YOU COULD NOT COMPLETE SCREENING QUESTIONNAIRE**

6. In your judgment, is the male head of household:
7. In your judgment, is the female head of household (woman of the house):

Under 50 years, or	13 1
50 years old or older?	2

8. To the best of your knowledge, are there any children in the household 18 years old or less?

Yes	14 1
No	2

9. In your judgment, is this household:

Very well off,	15 1
Middle income, or	2
Not well off at all?	3

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CARD 04 6~7



CONTINUING SURVEY OF FOOD INTAKES BY INDIVIDUALS -- 1989

UNITED STATES DEPARTMENT OF AGRICULTURE

- Household Questionnaire -

(TRANSFER INFORMATION FROM SCREENER INTO  
SHADED AREA)

Segment #:  
H.U. #:  
8~15 16~18

Respondent's First Name Only: \_\_\_\_\_

Time Interview Begun:	AM	1
	PM	2
Time Interview Ended:	AM	1
	PM	2

Date:    

--	--	--

--	--

1	9		
---	---	--	--

  
(Month)    (Day)    (Year)  
29~30       31~32       33~34

Interviewer's Name:

Interviewer I.D. #: 



  
35~38

**INTRODUCTION (USE IF NECESSARY):** Hello, my name is \_\_\_\_\_. I am from National Analysts. I spoke with \_\_\_\_\_ regarding the food consumption study we are conducting for the United States Department of Agriculture. Is she at home? (IF NOT AT HOME, IDENTIFY CALLBACK TIME)

Callback Date/Time: \_\_\_\_\_

**IF ASKED:** We are talking to people about what they eat and drink and about the characteristics of their households. This information will be used to estimate the types and amounts of foods and beverages consumed by people like you. Results will be used to help ensure an adequate and safe food supply for all. The survey is authorized by law. (IF ASKED, SAY: National Agricultural Research, Extension and Teaching Policy Act of 1977, Section 1428, 7 U.S.C. 3178.)

All information will be kept confidential, and results are reported as summaries only.



DUP            1~5  
        CARD 08    6~7

	Col. A	Col. B	Col. C		Col. D	Col. E	Col. F	
Line #	First Name	Relationship to Head of Household	Age		Sex	Race	Hispanic Origin	
			Under 12 Months	1 Year or Over			M	F
			Enter Months	Enter Years			Yes	No
1 10~11		12~13	14~15	15~17	1 18	2	1 19	2 0
2					1	2		1
3					1	2		1
4					1	2		1
5					1	2		1
6					1	2		1
7					1	2		1
8					1	2		1
9					1	2		1
10					1	2		1
11					1	2		1
12					1	2		1
13					1	2		1
14					1	2		1
15					1	2		1
16					1	2		1



1. Let's begin by talking about the general food shopping practice of this household. On the average, how often does someone do a major food shopping for this household? Would you say:

CONTINUE

(SKIP TO Q.4)

2. In what kind of store is this major food shopping usually done? Is it:

(CIRCLE ONLY ONE)

3. Thinking of the (TYPE OF OUTLET NAMED IN Q.2) where the major food shopping for this household is usually done, how far from your home is this store? (PROBE FOR BLOCKS OR MILES FROM HOME)

(WRITE #) 41~44 (CIRCLE)

Blocks, or	1
Miles	2
Don't know	8

4. How much money has this household spent per week or per month during the last three months at the grocery store? Include purchases made with food stamps. (ENTER AMOUNT AND CIRCLE A CODE)

\$ 46~48 .00      Per week      1

\$ 46~48 .00      Per month      2

5. You said this household spent (AMOUNT IN Q.4) per (week/month). About how much of this amount, if any, was for nonfood items, such as cleaning or paper products, food bought for feeding a pet or cigarettes? (ENTER AMOUNT AND CIRCLE A CODE. IF NONE, ENTER "0")

\$ 50~52 .00

Per week	1
Per month	2

6.

How much has this household spent per week or per month during the last three months at specialty stores -- such as bakeries, liquor stores, delicatessens, meat markets, vegetable stands, health food stores, and other similar places? Include any expenditures from carryout places when the food was brought into your home. (ENTER AMOUNT AND CIRCLE A CODE. IF NONE, ENTER "0")

\$ 54~56 .00

Per week	1
Per month	2

7.

What has been this household's usual amount of money spent per week or per month during the last three months for food bought and eaten away from home? Include food and beverages that never entered your home, that is, eaten at restaurants, fast-food eating places, cafeterias at work or at school, purchased from vending machines, or received from day care centers, for all household members. (ENTER AMOUNT AND CIRCLE A CODE. IF NONE, ENTER "0")

\$ 58~60 .00

Per week	1
Per month	2

8.

Now I have a few questions about the persons who live in this household. First, how many persons regularly live in this household? Count those who live here permanently including those who are temporarily absent, such as traveling or in the hospital.

(ENTER NUMBER HERE:  
AND CIRCLE LINE #  
ON FLAP)

62~63



9. Is there a male head of household?

Yes	1
(SKIP TO Q.15)	No 2

15. Is there a female head of household? (IF NECESSARY, SAY: For the purposes of this survey, the female head of household is the woman who other household members think of as being in charge of household matters, that is, the woman of the house.)

Yes	1
(SKIP TO INSTRUCTIONS BEFORE Q.22)	No 2

10. What is (his/your) first name?  
(RECORD ON FLAP IN COL. A.  
WRITE "MALE HEAD" IN COL. B)

11. How old (is he/are you)?  
(RECORD ON FLAP IN COL. C.  
CIRCLE "1" IN COL. D)

12. What is the highest grade or year of regular school (he has/you have) ever attended?  
(CIRCLE CODE FOR HIGHEST GRADE OR YEAR)

(SKIP TO Q.14) Never attended school or kindergarten only: 0

Elementary: 1 2 3 4 5 6 7 8

High school: 9 10 11 12

College: 1 2 3 4 5+

13. Did (he/you) complete that grade or year?

Yes	1
No	2

18. How old (are you/is she)?  
(RECORD ON FLAP IN COL. C.  
CIRCLE "2" IN COL. D)

19. What is the highest grade or year of regular school (you have/she has) ever attended?  
(CIRCLE CODE FOR HIGHEST GRADE OR YEAR)

(SKIP TO Q.21) Never attended school or kindergarten only: 0

Elementary: 1 2 3 4 5 6 7 8

High school: 9 10 11 12

College: 1 2 3 4 5+

14. (SHOW CARD A) What is (the race of the male head of household/your race)? Just tell me the number that applies. (RECORD ON FLAP IN COL. E)

20. Did (you/she) complete that grade or year?

Yes	1
No	2

21. (SHOW CARD A) What is (the race of the female head of household/your race)? Just tell me the number that applies. (RECORD ON FLAP IN COL. E)



IF NUMBER OF PERSONS RECORDED ON FLAP EQUALS NUMBER OF PERSONS GIVEN IN Q.8, SKIP TO Q.26. OTHERWISE, CONTINUE

22. Now I would like to know about the other related people who regularly live here, starting with the oldest, and so on to the youngest. Start with the oldest.

- 1) What is his or her first name? (RECORD ON FLAP IN COL. A)
- 2) How is (NAME) related to (PERSON LISTED ON LINE 1)?  
(RECORD ON FLAP IN COL. B)
- 3) How old is (NAME)? (RECORD ON FLAP IN COL. C)
- 4) (CIRCLE CODE FOR SEX IN COL. D ON FLAP; SAY:) "Now the next oldest"

IF NUMBER OF PERSONS RECORDED ON FLAP EQUALS NUMBER OF PERSONS GIVEN IN Q.8, SKIP TO Q.26; OTHERWISE, CONTINUE

23. Now tell me about the rest of the persons who regularly live here. (FOLLOW PROCEDURE USED IN Q.22 UNTIL NUMBER OF PEOPLE LISTED ON FLAP EQUALS NUMBER GIVEN IN Q.8)

LOOK AT COL. E ON FLAP:

- IF THERE ARE BOTH A MALE HEAD AND A FEMALE HEAD
  - AND THE CODE NUMBERS IN COL. E ARE DIFFERENT, SKIP TO Q.25
  - AND THE CODE NUMBERS IN COL. E ARE THE SAME, ASK Q.24
- IF THERE IS ONLY A MALE OR A FEMALE HEAD, ASK Q.24

24. Is there anyone in this household that is of a different race than the male or female head?

26. Is there anyone in this household who is of Hispanic (Spanish) origin or descent?

13

Yes	1
(SKIP TO Q.28)	No 2

27. Is (PERSON ON LISTED LINE #) of Hispanic (Spanish) origin or descent? (REPEAT FOR EACH PERSON AND CIRCLE CODE ON FLAP IN COL. F)

28. RECORD RESPONDENT'S LINE NUMBER FROM FLAP HERE: \_\_\_\_\_

20-21

Yes	1
(SKIP TO Q.26)	No 2

25. (SHOW CARD A) Which number on this card describes the race of (NAME OF OLDEST)? (REPEAT FOR EACH PERSON AND RECORD ANSWERS ON FLAP IN COL. E)



LOOK AT FLAP. RECORD NAME OF MALE HEAD IN LEFT COLUMN AND FEMALE HEAD IN RIGHT COLUMN BELOW. THEN FIND ALL OTHER HOUSEHOLD MEMBERS WHO ARE 15 YEARS OLD OR OLDER AND RECORD THEIR LINE NUMBER AND NAME AT THE TOP OF THE COLUMNS ON PAGES 5 TO 6. ASK Q's 29 TO 32 IN SEQUENCE FOR EACH

MALE HEAD'S NAME: \_\_\_\_\_

Line #: \_\_\_\_\_  
22~23

29. (SHOW CARD B) Which of these activities best describes what (you were/he was/she was) doing most during the last week?  
(CIRCLE ONLY ONE)

(SKIP TO Q.31)

a. Working	1
b. Employed but not at work (e.g., on vacation, on strike, sick)	2
c. Looking for work or on layoff from a job	3
d. Attending school	4
e. Keeping house	5
f. Retired	6
g. Disabled, unable to work	7
h. Something else? (SPECIFY)	0

30. In the last week, did (you/NAME) work at all at a paid job or in (your/his/her) own business or farm?

25

Yes	1
No	2

31. How many hours did (you/he/she) work at all jobs in the last week? Include all overtime hours that (you/he/she) may have worked and hours on any part-time jobs as well as (your/his/her) principal job.

# OF HOURS: \_\_\_\_\_  
26~27

32. (SHOW CARD C) Please tell me which of these comes closest to describing the (usual) work (you do/he does/she does).

1 2 3 4 5 6 7 0  
28

FEMALE HEAD'S NAME: \_\_\_\_\_

Line #: \_\_\_\_\_  
29~30

29. (SHOW CARD B) Which of these activities best describes what (you were/he was/she was) doing most during the last week?  
(CIRCLE ONLY ONE)

(SKIP TO Q.31)

a. Working	1
b. Employed but not at work (e.g., on vacation, on strike, sick)	2
c. Looking for work or on layoff from a job	3
d. Attending school	4
e. Keeping house	5
f. Retired	6
g. Disabled, unable to work	7
h. Something else? (SPECIFY)	0

30. In the last week, did (you/NAME) work at all at a paid job or in (your/his/her) own business or farm?

32

Yes	1
No	2

31. How many hours did (you/he/she) work at all jobs in the last week? Include all overtime hours that (you/he/she) may have worked and hours on any part-time jobs as well as (your/his/her) principal job.

# OF HOURS: \_\_\_\_\_  
33~34

32. (SHOW CARD C) Please tell me which of these comes closest to describing the (usual) work (you do/he does/she does).

1 2 3 4 5 6 7 0  
35

GO TO NEXT PERSON OR Q.33

GO TO NEXT PERSON OR Q.33



LINE #: NAME: \_\_\_\_\_

36~37

29. (SHOW CARD B) Which of these activities best describes what (you were/he was/she was) doing most during the last week?  
(CIRCLE ONLY ONE)

LINE #: NAME: \_\_\_\_\_

46~47

29. (SHOW CARD B) Which of these activities best describes what (you were/he was/she was) doing most during the last week?  
(CIRCLE ONLY ONE)

48

(SKIP TO Q.31)

a. Working	1
------------	---

C  
O  
N  
T  
I  
N  
U  
E

b. Employed but not at work (e.g., on vacation, on strike, sick)	2
c. Looking for work or on layoff from a job	3
d. Attending school	4
e. Keeping house	5
f. Retired	6
g. Disabled, unable to work	7
h. Something else? (SPECIFY)	0

(SKIP TO Q.31)

a. Working	1
b. Employed but not at work (e.g., on vacation, on strike, sick)	2
c. Looking for work or on layoff from a job	3
d. Attending school	4
e. Keeping house	5
f. Retired	6
g. Disabled, unable to work	7
h. Something else? (SPECIFY)	0

C  
O  
N  
T  
I  
N  
U  
E

30. In the last week, did (you/NAME) work at all at a paid job or in (your/his/her) own business or farm?

Yes	1
-----	---

(SKIP TO Q.32)

No	2
----	---

31. How many hours did (you/he/she) work at all jobs in the last week? Include all overtime hours that (you/he/she) may have worked and hours on any part-time jobs as well as (your/his/her) principal job.

# OF HOURS: \_\_\_\_\_

40~41

# OF HOURS: \_\_\_\_\_

50~51

32. (SHOW CARD C) Please tell me which of these comes closest to describing the (usual) work (you do/he does/she does).

1 2 3 4 5 6 7 8

- 32a. What is the highest grade or year of regular school (NAME) ever attended?

GO TO NEXT PERSON OR Q.33

Never attended school or kindergarten only: 0

Elementary: 1 2 3 4 5 6 7 8

High school: 9 10 11 12

College: 1 2 3 4 5+

- 32b. Did (NAME) complete that grade or year?

Yes	1
No	2

GO TO NEXT PERSON OR Q.33

32. (SHOW CARD C) Please tell me which of these comes closest to describing the (usual) work (you do/he does/she does).

1 2 3 4 5 6 7 8

- 32a. What is the highest grade or year of regular school (NAME) ever attended?

GO TO NEXT PERSON OR Q.33

Never attended school or kindergarten only: 0

Elementary: 1 2 3 4 5 6 7 8

High school: 9 10 11 12

College: 1 2 3 4 5+

- 32b. Did (NAME) complete that grade or year?

Yes	1
No	2

GO TO NEXT PERSON OR Q.33



LINE #: NAME: \_\_\_\_\_

56~57

29. (SHOW CARD B) Which of these activities best describes what (you were/he was/she was) doing most during the last week? (CIRCLE ONLY ONE)

(SKIP TO Q.31)

58

a. Working	1
b. Employed but not at work (e.g., on vacation, on strike, sick)	2
c. Looking for work or on layoff from a job	3
d. Attending school	4
e. Keeping house	5
f. Retired	6
g. Disabled, unable to work	7
h. Something else? (SPECIFY)	0

30. In the last week, did (you/NAME) work at all at a paid job or in (your/his/her) own business or farm?

30. In the last week, did (you/NAME) work at all at a paid job or in (your/his/her) own business or farm?

Yes	1
(SKIP TO Q.32)	No 2

Yes	1
(SKIP TO Q.32)	No 2

31. How many hours did (you/he/she) work at all jobs in the last week? Include all overtime hours that (you/he/she) may have worked and hours on any part-time jobs as well as (your/his/her) principal job.

# OF HOURS: \_\_\_\_\_ 60~61

31. How many hours did (you/he/she) work at all jobs in the last week? Include all overtime hours that (you/he/she) may have worked and hours on any part-time jobs as well as (your/his/her) principal job.

# OF HOURS: \_\_\_\_\_ 70~71

32. (SHOW CARD C) Please tell me which of these comes closest to describing the (usual) work (you do/he does/she does).

1 2 3 4 5 6 7 0 62

32. (SHOW CARD C) Please tell me which of these comes closest to describing the (usual) work (you do/he does/she does).

1 2 3 4 5 6 7 0 72

- 32a. What is the highest grade or year of regular school (NAME) ever attended?

GO TO NEXT PERSON OR Q.33

Never attended school or Kindergarten only: 0

Elementary: 1 2 3 4 5 6 7 8

High school: 9 10 11 12

College: 1 2 3 4 5+

- 32b. Did (NAME) complete that grade or year?

Yes	1
No	2

GO TO NEXT PERSON OR Q.33

- 32a. What is the highest grade or year of regular school (NAME) ever attended?

GO TO NEXT PERSON OR Q.33

Never attended school or Kindergarten only: 0

Elementary: 1 2 3 4 5 6 7 8

High school: 9 10 11 12

College: 1 2 3 4 5+

- 32b. Did (NAME) complete that grade or year?

Yes	1
No	2

GO TO NEXT PERSON (ON SLIP SHEET) OR TO Q.33



33. In regard to this dwelling, is the property:

76

Owned outright or being bought by someone living in this household,	1
Rented with payment required, or	2
Occupied without payment of rent required?	3

34. Returning to the topic of food, who usually plans the meals? (CIRCLE ONE CODE IN COL. Q.34. BELOW)

35. Who usually does the major food shopping? (CIRCLE ONE CODE IN COL. Q.35 BELOW)

36. And who usually prepares the food? (CIRCLE ONE CODE IN COL. Q.36 BELOW)

	COL. Q.34 <sub>77</sub>	COL. Q.35 <sub>78</sub>	COL. Q.36 <sub>79</sub>
The female head only	1	1	1
The male head only	2	2	2
The female and the male heads	3	3	3
The female head and someone else (SPECIFY)	4	4	4
The male head and someone else (SPECIFY)	5	5	5
Someone other than these (SPECIFY)	6	6	6



CHECK FLAP. IF ANY WOMEN 12 TO 55 YEARS OF AGE, ASK Q.37. ALL OTHERS, SKIP TO INSTRUCTIONS BEFORE Q.40

37. Are any women in this household now pregnant?

Yes	1
(SKIP TO INSTRUCTIONS BEFORE Q.40)	No 2

38. Please tell me who. (CIRCLE CODE NUMBER IN COL. Q.38 BELOW FOR EACH PREGNANT WOMAN)

39. In which month of pregnancy (are you/is NAME)? (ENTER MONTHS IN COL. Q.39 BELOW FOR EACH PREGNANT WOMAN)

INSTRUCTIONS  
CHECK FLAP. IF ANY CHILDREN 3 YEARS OLD OR LESS, ASK Q's 40 TO 42 FOR EACH. ALL OTHERS, SKIP TO Q.43

40. Was (CHILD'S NAME) ever breast-fed? (CIRCLE CODE NUMBER IN COL. Q.40 BELOW FOR EACH CHILD)

41. (IF "YES" IN Q.40, ASK:) For how many months was (he/she) breast-fed? (ENTER MONTHS IN COL. Q.41. CIRCLE CODE "50" IF STILL BEING BREAST-FED)

42. (IF STILL BEING BREAST-FED:) Please tell me the name of the woman who is breast-feeding (CHILD'S NAME). (ENTER WOMAN'S LINE NUMBER IN COL. Q.42 ON CHILD'S LINE)

43. Is any member of this household receiving benefits under the Women, Infants and Children (WIC) Program at the present time?

Yes	1
(SKIP TO INSTRUCTIONS AT TOP OF PAGE 10)	No 2
Don't know	8

44a. Please tell me who in this household is receiving WIC benefits. (CIRCLE CODE NUMBER IN COL. Q.44a FOR EACH PERSON WHO IS RECEIVING WIC BENEFITS)

44b. How long has (NAME) been receiving WIC benefits? (WRITE NUMBER AND CIRCLE CODE IN COL. Q.44b)

WOMEN 12 TO 55 YEARS			CHILDREN 1 TO 5 YEARS				ALL		
COL. Q.38	COL. Q.39	COL. Q.40	COL. Q.41	COL. Q.42	COL. Q.44a	COL. Q.44b			
Line #	Now Pregnant	Number of Months Pregnant	Child Ever Breast-Fed	Number of Months Breast-Fed	Line # of Woman Breast-Feeding	WIC Benefits	NUMBER OF:		
							Mos.	Yrs.	
1	1 21		1 22	1 23 2	24~25	50	26~27	1 28	1 29~30 31 2
2	1			1 2		50		1	1 2
3	1			1 2		50		1	1 2
4	1			1 2		50		1	1 2
5	1			1 2		50		1	1 2
6	1			1 2		50		1	1 2
7	1			1 2		50		1	1 2
8	1			1 2		50		1	1 2
9	1			1 2		50		1	1 2
10	1			1 2		50		1	1 2
11	1			1 2		50		1	1 2
12	1			1 2		50		1	1 2
13	1			1 2		50		1	1 2
14	1			1 2		50		1	1 2
15	1			1 2		50		1	1 2
16	1			1 2		50		1	1 2



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CHECK FLAP. IF ANY CHILDREN BETWEEN 5 AND 18 YEARS, ASK Q's 45 TO 52 IN SEQUENCE FOR EACH AGE-ELIGIBLE CHILD. ALL OTHERS, SKIP TO INSTRUCTIONS ON PAGE 11

45. Now I would like to talk about school breakfast and lunch programs. Does (CHILD'S NAME) attend a kindergarten, grade school, junior or high school? (CIRCLE CODE IN COL. Q.45. IF "NO," GO TO NEXT CHILD. IF LAST CHILD, SKIP TO Q.53)

46. Does (CHILD'S NAME) attend a school which serves school lunches? These are complete lunches costing a fixed price every day. (CIRCLE CODE IN COL. Q.46. IF "NO," SKIP TO Q.49)

47. During the school year, approximately how many times a week does (he/she) usually get a complete school lunch? (RECORD IN COL. Q.47. IF NONE, ENTER "0" AND SKIP TO Q.49)

48. Does (he/she) get these lunches free, at a reduced price or does (he/she) pay full price? (CIRCLE CODE IN COL. Q.48)

49. Does (CHILD'S NAME) attend a school which serves a complete breakfast costing a fixed price each day? (CIRCLE CODE IN COL. Q.49. IF "NO," SKIP TO Q.52)

CHILDREN 5 TO 18 YEARS

	COL. Q.45		COL. Q.46		COL. Q.47	COL. Q.48				COL. Q.49		
Line #	Attends School		Complete Lunches		Number of Times a Week	Lunch Prices				Complete Breakfast		Line #
	Yes	No	Yes	No		Free	Reduced	Full Price	Don't Know	Yes	No	
1												1
2	1	3	2	2	1	3	4	1	2	3	5	2
3	1	2	1	2				1	2	3	8	1
4	1	2	1	2				1	2	3	8	1
5	1	2	1	2				1	2	3	8	1
6	1	2	1	2				1	2	3	8	1
7	1	2	1	2				1	2	3	8	1
8	1	2	1	2				1	2	3	8	1
9	1	2	1	2				1	2	3	8	1
10	1	2	1	2				1	2	3	8	1
11	1	2	1	2				1	2	3	8	1
12	1	2	1	2				1	2	3	8	1
13	1	2	1	2				1	2	3	8	1
14	1	2	1	2				1	2	3	8	1
15	1	2	1	2				1	2	3	8	1
16	1	2	1	2				1	2	3	8	1



50. During the school year, approximately how many times a week does (CHILD'S NAME) usually get a complete breakfast at school? (RECORD IN COL. Q.50. IF NONE, ENTER "0" AND SKIP TO Q.52)
51. Does (he/she) get these breakfasts free, at a reduced price or does (he/she) pay full price? (CIRCLE CODE IN COL. Q.51)
52. What is the name of the school that (CHILD'S NAME) attends? (GO TO NEXT CHILD OR INSTRUCTIONS BELOW)

**INSTRUCTIONS**

CHECK FLAP. IF ANY CHILDREN BETWEEN 1 AND 5 YEARS, ASK Q.53. ALL OTHERS, SKIP TO Q.54.

53. Does (CHILD'S NAME) attend a child care program which gives (him/her) any meals or snacks? (CIRCLE CODE IN COL. Q.53 FOR EACH CHILD BETWEEN 1 AND 5 YEARS)

CHILDREN 5 TO 18 YEARS											
Line #	COL. Q.50		COL. Q.51			Name of School Attended	COL. Q.52		COL. Q.53		
	Number of Times a Week	Breakfast Prices					Child Care Meals/Snacks	Yes	No	Line #	
		Free	Reduced	Full Price	Don't Know						
1										1	
2	37	1	2	38	3	8	39~41	1	2	2	
3		1	2	3	8			1	2	3	
4		1	2	3	8			1	2	4	
5		1	2	3	8			1	2	5	
6		1	2	3	8			1	2	6	
7		1	2	3	8			1	2	7	
8		1	2	3	8			1	2	8	
9		1	2	3	8			1	2	9	
10		1	2	3	8			1	2	10	
11		1	2	3	8			1	2	11	
12		1	2	3	8			1	2	12	
13		1	2	3	8			1	2	13	
14		1	2	3	8			1	2	14	
15		1	2	3	8			1	2	15	
16		1	2	3	8			1	2	16	



54. Which one of the following statements best describes the food eaten in your household:

(READ)

12

Enough of the kinds of food we want to eat,	1
Enough but not always what we want to eat,	2
Sometimes not enough to eat, or	3
Often not enough to eat?	4

55. Does anyone in this household operate a farm or ranch?

13

Yes	1
(SKIP TO Q.57)	No 2

56. During the past calendar year (1988), did sales of crops, livestock and other farm products from this place amount to \$1,000 or more?

14

Yes	1
No	2

57. (HAND CARD D) Please look at this card for a moment and think about the various sources from which members of this household received income in (NAME OF LAST MONTH). Keeping all these sources in mind, what was this household's total income last month before taxes and other deductions?

\$ \_\_\_\_\_.00 15~20

58. For each of the sources on this card, please tell me whether any member of this household received income in the last month from: READ AND CIRCLE CODE FOR EACH IN COL. Q.58 BELOW)

- 59a. (FOR EACH CODE 1 IN ITEMS a THROUGH f OF Q.58, ASK:) What was the total income received last month by all members of your household -- before taxes and other deductions — from (SOURCE)? (RECORD AMOUNT IN COL. Q.59a BELOW)

- 59b. (FOR EACH CODE 1 IN ITEM g OR h OF Q.58, ASK:) What was the total income received last year by all members of your household -- before taxes and other deductions — from (SOURCE)? (RECORD AMOUNT IN COL. Q.59b BELOW)

(READ)	COL. Q.58		COL. Q.59a
	Yes	No	Amount
a. Wages or salary from a job including tips or commissions?	1	2	\$
	2	1	22 28
b. Any Social Security or Supplemental Security income?	1	2	\$
	2	9	30~35
c. Income from pension or retirement?	1	2	\$
	3	6	37~42
d. Unemployment or Workmen's Compensation?	1	2	\$
	4	3	44~49
e. AFDC, general assistance or other public assistance program? (Do not include food stamps or WIC benefits)	1	2	\$
	5	0	51~56
f. Other sources, such as alimony, child support, rent from a roomer or boarder, and the like?	1	2	\$
	5	7	
			COL. Q.59b
g. Spendable income from your own business or farm <u>last year</u> ?	1	2	\$
	6	4	65~67
h. Spendable interest, dividends, annuities <u>last year</u> ?	1	2	\$
	7	2	73~79

END CARD 06



60. During the past year (1988), approximately how much income from all sources did you and other household members have before income taxes? Please give me your best estimate.

\$ \_\_\_\_\_ .00

10 ~ 16

65. Does everyone in your household receive food stamps at the present time?

(SKIP TO Q.68)	Yes	1
	No	2

Not a household unit in  
the past year (1988)

1

(IF REFUSED OR DON'T KNOW, SHOW CARD E AND ASK:) Please tell me which letter on this card best represents your combined household income before taxes for the past year (1988). (CIRCLE A CODE NUMBER)

a	b	c	d	e	f	g	h	i	j	k
01	02	03	04	05	06	07	08	09	10	11

1	m	n	o	p	q	r	s	t	u
12	13	14	15	16	17	18	19	20	21

18 ~ 19

Refused

99

61. Now, consider the savings or cash assets that members of this household have. Think of cash, savings or checking accounts, stocks, bonds, mutual funds and certificates of deposits. Do the members of this household have more than \$5,000 of such savings or cash assets at this time?

(SKIP TO Q.63)	Yes	1
	No	2

62. (SHOW CARD F) What letter on this card best represents the total savings or cash assets of all household members at this time?

a	b	c	d	e	f
1	2	3	4	5	6

68. On about what date did your household last get food stamps?

42 ~ 43	44 ~ 45	46 ~ 47
MONTH	DAY	YEAR

Don't know

46 ~ 47

98

69. What was the total amount of stamps you received at that time? Please give me your best estimate.

\$ \_\_\_\_\_ .00

+ 8 ~ 51

Don't know

8

70. Did any member of your household receive food stamps in any of the past 12 months? (IF RESPONDENT IS UNCERTAIN, SAY: That is, from (NAME OF CURRENT MONTH) 1988 through (NAME OF LAST MONTH), 1989.

Yes	1
(SKIP TO Q.70)	No
	Don't know

70. During the past three months, did your household receive any USDA surplus food?

Yes	1
(SKIP TO Q.72)	No

52

2

71. Please tell me what kinds of surplus food your household received.

Butter	1
Cheese	2
Peanut butter	3
Raisins	4
Other (SPECIFY) _____	0

57

64. Is your household receiving food stamps at the present time?

Yes	1
(SKIP TO Q.70)	No



NOTES

72. Is your major source of home drinking water bottled or from the tap (faucet)?  
58

(SKIP TO Q.74)	Bottled	1
	Tap	2

73. What is the source of your home tap water?  
59

Private or public water company	1
Private or public well	2
Spring	3
Don't know	8

74. (BY OBSERVATION:) The members of this household live in:  
60

A. Single housing unit	1
B. Group quarters	2
C. Rooming house	3
D. Other (SPECIFY)	0



aTX360  
U6N385  
1989



Segment #: 

--	--	--	--	--	--	--	--	--	--

8 ~ 15

Housing Unit #: 

--	--	--

1 6 ~ 1 8

Person line #: 

--	--

1 9 ~ 2 0

Interviewer #: 

--	--	--	--

2 1 ~ 2 4

CONTINUING SURVEY OF FOOD INTAKES BY INDIVIDUALS -- 1989  
UNITED STATES DEPARTMENT OF AGRICULTURE

Individual Intake Record

DAY TWO AND DAY THREE

This record is for: \_\_\_\_\_  
PERSON'S FIRST NAME

DAY TWO is from 12:00 AM to 11:59 PM today. That date is:

2 5

(CIRCLE  
NUMBER  
FOR  
DAY  
OF  
WEEK)

Sunday	1
Monday	2
Tuesday	3
Wednesday	4
Thursday	5
Friday	6
Saturday	7

--	--

 MONTH

2 6 ~ 2 7

--	--

 DAY

2 8 ~ 2 9

1	9		
---	---	--	--

 YEAR

3 0 ~ 3 1

DAY THREE is from 12:00 AM to 11:59 PM tomorrow. That date is:

3 2

(CIRCLE  
NUMBER  
FOR  
DAY  
OF  
WEEK)

Sunday	1
Monday	2
Tuesday	3
Wednesday	4
Thursday	5
Friday	6
Saturday	7

--	--

 MONTH

3 3 ~ 3 4

--	--

 DAY

3 5 ~ 3 6

1	9		
---	---	--	--

 YEAR

3 7 ~ 3 8

Your cooperation is entirely voluntary. This information will be used to estimate the types and amounts of foods and beverages consumed by people like you. Results will be used to help ensure an adequate and safe food supply for all. This survey is authorized by law (National Agricultural Research, Extension and Teaching Policy Act of 1977, Section 1428, 7 U.S.C. 3178).

All information will be kept confidential and will be reported as statistics only.

This record will be picked up on:

AM  
PM

/ at

DAY

**INSTRUCTIONS FOR EACH EATING/DRINKING OCCASION**

- ANSWER Q's 1 TO 3 ONCE
- ANSWER Q.4 BY LISTING ALL ITEMS CONSUMED
- ANSWER Q's 5 TO 8 FOR EACH ITEM LISTED IN Q.4
- ANSWER Q's 9 TO 10 IF RESPONDENT IS THIS HOUSEHOLD'S MAIN MEAL PLANNER/PREPARE
- ANSWER Q.11 FOR ALL FOODS NOT FROM HOME SUPPLIES
- DRAW A LINE ACROSS ANSWER SHEET TO SEPARATE EACH OCCASION
- ANSWER Q's 12 TO 17 AT THE END OF THE RECORD

Now think about all of the foods and beverages you had beginning after 12:00 AM midnight on this day.

**WHEN?**

1. Starting with the (first/next) time you ate or drank something on this day, at about what time did you begin eating or drinking this? (ENTER TIME IN COL. Q.1 ON ANSWER SHEET. CIRCLE A NUMBER FOR AM OR PM. USE PM FOR 12 NOON)

**WHAT CALLED?**

2. Would you call this eating or drinking occasion: (ENTER A NUMBER IN COL. Q.2)

1. Breakfast  
2. Brunch  
3. Lunch

4. Dinner  
5. Supper

6. Snack/beverage break/happy hour  
7. Infant feeding  
0. Something else (DESCRIBE IN COL. Q.2)

**WITH WHOM?**

3. With whom did you eat or drink this? (ENTER A NUMBER IN COL. Q.3)

1. Alone  
2. With other household member(s)  
3. With nonhousehold member(s)  
4. With both household and nonhousehold members

**WHAT FOODS/DRINKS?**

4. What did you have to eat or drink on this occasion? What else? (RECORD ONE ITEM TO A LINE IN COL. Q.4. "BREAD, BUTTER" GO ON TWO LINES)

5. Describe each item further. (RECORD IN COL. Q.5, REFER TO FOOD INSTRUCTION BOOKLET)

**QUANTITY CONSUMED?**

6. How much of each item did you actually eat or drink? (ENTER AMOUNTS IN COL. Q.6. USE MEASURING UTENSILS AND FOOD INSTRUCTION BOOKLET)

**FOOD SOURCE?**

7. FOR EACH ITEM LISTED: Was this item: (ENTER A NUMBER IN COL. Q.7)

1. Eaten at your home  
2. Brought into your home, but later eaten away from home  
3. Never brought into your home

IF ANY ITEMS WITH "1" OR "2" IN Q.7, CONTINUE.  
IF ONLY "3" FOR ALL ITEMS, GO TO Q.11

**HOME ITEMS FROM FAST-FOOD PLACES OR MEALS ON WHEELS?**

8. FOR EACH ITEM LISTED: Was this item brought into your home: (ENTER A NUMBER IN COL. Q.8)

1. From a fast-food/carryout place  
2. From Meals on Wheels  
3. From some other place

## DAY 2 ANSWER SHEET

ANSWER ONCE FOR EACH  
OCCASION  
IF 12 NOON, CIRCLE  
PM

USE A NEW LINE FOR EACH ITEM.  
USE FOOD INSTRUCTION BOOKLET AND MEASURING UTENSILS

Q.1			Q.2		Q.3		Q.4		Q.5		Q.6
Time	A M	P M	When		With Whom	Line #	Name of Food/Drink	Complete Description			Quantity Consumed
			1	2							
						201					
						202					
						203					
						204					
						205					
						206					
						207					
						208					
						209					
						210					
						211					
						212					
						213					
						214					
						215					
						216					
						217					
						218					
						219					
						220					

## DAY 2 ANSWER SHEET



## DAY 2 ANSWER SHEET

ANSWER ONCE FOR EACH OCCASION IF 12 NOON, CIRCLE PM				USE A NEW LINE FOR EACH ITEM. USE FOOD INSTRUCTION BOOKLET AND MEASURING UTENSILS						
Q.1		Q.2		Q.3		Q.4		Q.5		Q.6
When										
Time	A M	P M	What Called	With Whom	Line #	Name of Food/Drink	Complete Description			Quantity Consumed
	1	2			221					
	1	2			222					
	1	2			223					
	1	2			224					
	1	2			225					
	1	2			226					
	1	2			227					
	1	2			228					
	1	2			229					
	1	2			230					
	1	2			231					
	1	2			232					
	1	2			233					
	1	2			234					
	1	2			235					
	1	2			236					
	1	2			237					
	1	2			238					
	1	2			239					
	1	2			240					

## DAY 2 ANSWER SHEET

## DAY 2

12. Some food and drink items consumed at home or away from home are often forgotten in surveys like this. Have you forgotten any: (CIRCLE NUMBER FOR EACH)

	Yes	No
<u>Snacks/desserts</u> Chips, fruits, candy, nuts, cheese, cookies	1	2
<u>Nonalcoholic drinks</u> at meals or as snacks Coffee, tea, soft drinks, juice, other drinks	1	2
<u>Alcoholic beverages</u> Beer, wine, cocktails, other drinks	1	2
<u>Accessory foods</u> added to other foods at meals or snacks Butter/margarine, sugar/sweetener, salad dressing, sauce/gravy, mustard/ketchup, relish, cream/milk, jam/jelly/syrup	1	2
<u>Side dishes</u> Crackers, bread/rolls	1	2
<u>Foods eaten or tasted</u> while preparing meals or cleaning up	1	2
<u>Other items</u> (DESCRIBE)	1	2

(IF YOU HAVE FORGOTTEN ANY ITEM (NUMBER 1 CIRCLED), COMPLETE Q's 1 TO 11 FOR EACH ITEM BY USING NEXT AVAILABLE LINE ON ANSWER SHEET)

13. Would you say the amount of food and drink you had today was:

Less than usual	1
Usual	2
More than usual for this day of the week	3

14. IF LESS OR MORE: Which one of the following reasons best describes why it was different?

Sick or ill	1
Short of money	2
Traveling	3
At a social occasion or on a special day	4
On holiday or vacation	5
Too little time or too busy	6
Not hungry or very hungry	7
Dieting	8
Some other reason? (DESCRIBE)	0

DAY THREE

## DAY 3 ANSWER SHEET

ANSWER ONCE FOR EACH OCCASION  
IF 12 NOON, CIRCLE PM

USE A NEW LINE FOR EACH ITEM.  
USE FOOD INSTRUCTION BOOKLET AND MEASURING UTENSILS

Q.1			Q.2		Q.3		Q.4		Q.5		Q.6
Time	A M	P M	When		What Called	With Whom	Line #	Name of Food/Drink	Complete Description		Quantity Consumed
			1	2							
							301				
							302				
							303				
							304				
							305				
							306				
							307				
							308				
							309				
							310				
							311				
							312				
							313				
							314				
							315				
							316				
							317				
							318				
							319				
							320				

### DAY 3 ANSWER SHEET

## DAY 3 ANSWER SHEET

ANSWER ONCE FOR EACH  
OCCASION  
IF 12 NOON, CIRCLE  
PM

USE A NEW LINE FOR EACH ITEM.  
USE FOOD INSTRUCTION BOOKLET AND MEASURING UTENSILS

Q.1			Q.2		Q.3		Q.4		Q.5		Q.6
When											
Time	A M	P M	What Called	With Whom	Line #	Name of Food/Drink	Complete Description			Quantity Consumed	
	1	2			321						
	1	2			322						
	1	2			323						
	1	2			324						
	1	2			325						
	1	2			326						
	1	2			327						
	1	2			328						
	1	2			329						
	1	2			330						
	1	2			331						
	1	2			332						
	1	2			333						
	1	2			334						
	1	2			335						
	1	2			336						
	1	2			337						
	1	2			338						
	1	2			339						
	1	2			340						

### DAY 3 ANSWER SHEET

- IF YOU ARE THIS HOUSEHOLD'S MAIN MEAL PLANNER/PREPARER AND ANY ITEMS FOR THIS OCCASION ARE "1" OR "2" IN Q.7 CONTINUE
- IF YOU ARE NOT THE MAIN MEAL PLANNER/PREPARER OR ALL ITEMS FOR THIS OCCASION ARE "3" IN Q.7, GO TO INSTRUCTIONS BEFORE Q.11

**FAT USED IN PREPARATION?**

- 9a. Think about the preparation of the foods/drinks you consumed on this occasion. By preparation, I mean the seasoning or cooking of the foods/drinks before they were brought to the table. Were any fats or oils used in preparing any of these items? (ENTER A NUMBER IN COL. Q.9a ONCE FOR THIS OCCASION)

1. Yes      2. No (GO TO Q.10)

- 9b. For which items from your home food supplies did you use fats or oils in the preparation? (IN COL. Q.9b CIRCLE THE APPROPRIATE NUMBER)

- 9c. FOR EACH ITEM WHERE FAT/OIL WAS USED: What type of fat or oil was used for this item? (ENTER A NUMBER IN COL. Q.9c)

1. Olive oil
2. Corn, cottonseed, safflower or sunflower oil
3. Soybean oil or other vegetable oil (include nut oils)
4. Regular tub or liquid margarine
5. Regular stick margarine

6. Any diet margarine
7. Margarine blend
8. Butter
9. Animal shortening (meat/bacon drippings)
10. Vegetable shortening
11. Don't know/remember

**SALT USED IN PREPARATION?**

10. For which items from your home food supplies did you use salt in the preparation? (IN COL. Q.10 CIRCLE THE APPROPRIATE NUMBER. IF SALT SUBSTITUTE USED, CIRCLE CODE 2)

- REFER TO Q.7. IF ANY ITEM FOR THIS OCCASION IS "3," CONTINUE
- IF NO ITEM IS "3," DRAW LINE ACROSS ANSWER PAGES AND ANSWER Q's 1 TO 11 FOR NEXT OCCASION. WHEN ALL OCCASIONS HAVE BEEN RECORDED, GO TO Q.12 ON NEXT PAGE

**WHERE OBTAINED/SERVICE?**

11. Where did you get this food/beverage which was not from your home food supplies?

1. Restaurant with waiter/waitress service at a table or counter
2. Cafeteria or self-serve buffet restaurant
3. Restaurant where food was ordered and picked up at a counter or drive-up window (include fast-food places)
4. School
5. Day-care center or summer day camp
6. Community feeding program (include those for senior citizens, disabled or needy persons)
7. Vending machine (MUST RECORD ADDITIONAL NUMBER FOR LOCATION)
8. Store
9. At someone else's home
10. Some other place (DESCRIBE IN COL. Q.11)

DRAW LINE ACROSS ANSWER PAGES AND ANSWER Q's 1 TO 11 UNTIL ALL EATING/DRINKING OCCASIONS HAVE BEEN RECORDED. IF ALL FOOD/DRINKS RECORDED, GO TO Q.12 ON NEXT PAGE





## DAY 3

12. Some food and drink items consumed at home or away from home are often forgotten in surveys like this. Have you forgotten any? (CIRCLE NUMBER FOR EACH)

	Yes	No
<u>Snacks/desserts</u> Chips, fruits, candy, nuts, cheese, cookies	1	2
<u>Nonalcoholic drinks</u> at meals or as snacks Coffee, tea, soft drinks, juice, other drinks	1	2
<u>Alcoholic beverages</u> Beer, wine, cocktails, other drinks	1	2
<u>Accessory foods</u> added to other foods at meals or snacks Butter/margarine, sugar/sweetener, salad dressing, sauce/gravy, mustard/ketchup, relish, cream/milk, jam/jelly/syrup	1	2
<u>Side dishes</u> Crackers, bread/rolls	1	2
<u>Foods eaten or tasted</u> while preparing meals or cleaning up	1	2
<u>Other items</u> (DESCRIBE)	1	2

(IF YOU HAVE FORGOTTEN ANY ITEM (NUMBER 1 CIRCLED), COMPLETE Q's 1 TO 11 FOR EACH ITEM BY USING NEXT AVAILABLE LINE ON ANSWER SHEET)

13. Would you say the amount of food and drink you had today was:

Less than usual	1
Usual	2
More than usual for this day of the week	3

14. IF LESS OR MORE: Which one of the following reasons best describes why it was different?

Sick or ill	1
Short of money	2
Traveling	3
At a social occasion or on a special day	4
On holiday or vacation	5
Too little time or too busy	6
Not hungry or very hungry	7
Dieting	8
Some other reason? (DESCRIBE)	0

		15. During the past three months did you consume:		16. FOR EACH ITEM CONSUMED: During the past three months, how many times did you eat this, on average, each day, week or month?		17. How much did you eat on average each time?  REFER TO MEASURING UTENSILS	
FOODS/BEVERAGES		Yes	No	RECORD ANSWER IN ONLY ONE BOX FOR EACH FOOD			
1. Milk as a beverage or a drink made with milk...		1	2	10	2 3 ~ 2 4      2 5 ~ 2 6      2 7 ~ 2 8 <input type="checkbox"/> OR <input type="checkbox"/> OR <input type="checkbox"/> DAY                WEEK                MONTH 3 3 ~ 3 4      3 5 ~ 3 6      3 7 ~ 3 8		Cup(s) 2 9 ~ 3 2
2. Milk on cereal.....		1	2	11	2 3 ~ 2 4      2 5 ~ 2 6      2 7 ~ 2 8 <input type="checkbox"/> OR <input type="checkbox"/> OR <input type="checkbox"/> DAY                WEEK                MONTH 4 3 ~ 4 4      4 5 ~ 4 6      4 7 ~ 4 8		Cup(s) 3 9 ~ 4 2
3. Milk in coffee, tea, other.....		1	2	12	2 3 ~ 2 4      2 5 ~ 2 6      2 7 ~ 2 8 <input type="checkbox"/> OR <input type="checkbox"/> OR <input type="checkbox"/> DAY                WEEK                MONTH 5 3 ~ 5 4      5 5 ~ 5 6      5 7 ~ 5 8		Cup(s) 4 9 ~ 5 2
4. Poultry (chicken, turkey, duck, etc.).....		1	2	13	2 3 ~ 2 4      2 5 ~ 2 6      2 7 ~ 2 8 <input type="checkbox"/> OR <input type="checkbox"/> OR <input type="checkbox"/> DAY                WEEK                MONTH 5 9 ~ 6 0      6 1 ~ 6 2      6 3 ~ 6 4		
5. Red meat (beef, pork, lamb).....		1	2	14	2 3 ~ 2 4      2 5 ~ 2 6      2 7 ~ 2 8 <input type="checkbox"/> OR <input type="checkbox"/> OR <input type="checkbox"/> DAY                WEEK                MONTH 6 5 ~ 6 6      6 7 ~ 6 8      6 9 ~ 7 0		
6. Fish and shellfish (exclude canned products)		1	2	15	2 3 ~ 2 4      2 5 ~ 2 6      2 7 ~ 2 8 <input type="checkbox"/> OR <input type="checkbox"/> OR <input type="checkbox"/> DAY                WEEK                MONTH		
7. Citrus fruit only (oranges, grapefruit, etc.; include raw, canned and frozen products).....		1	2	16	2 3 ~ 2 4      2 5 ~ 2 6      2 7 ~ 2 8 <input type="checkbox"/> OR <input type="checkbox"/> OR <input type="checkbox"/> DAY                WEEK                MONTH 7 1 ~ 7 2      7 3 ~ 7 4      7 5 ~ 7 6		
8. Citrus fruit juices.....		1	2	17	2 3 ~ 2 4      2 5 ~ 2 6      2 7 ~ 2 8 <input type="checkbox"/> OR <input type="checkbox"/> OR <input type="checkbox"/> DAY                WEEK                MONTH 7 7 ~ 7 8      7 9 ~ 8 0      8 1 ~ 8 2		
9. All other fruit only (bananas, berries, apples, grapes, etc.; include raw, canned and frozen products).....		1	2	18	2 3 ~ 2 4      2 5 ~ 2 6      2 7 ~ 2 8 <input type="checkbox"/> OR <input type="checkbox"/> OR <input type="checkbox"/> DAY                WEEK                MONTH 8 3 ~ 8 4      8 5 ~ 8 6      8 7 ~ 8 8		END CARD 13
10. All other fruit juices...		1	2	19	2 3 ~ 2 4      2 5 ~ 2 6      2 7 ~ 2 8 <input type="checkbox"/> OR <input type="checkbox"/> OR <input type="checkbox"/> DAY                WEEK                MONTH 1 1 ~ 1 2      1 3 ~ 1 4      1 5 ~ 1 6		DUP 1~5
11. Raw vegetables (include raw vegetables in salads)		1	2	20	2 3 ~ 2 4      2 5 ~ 2 6      2 7 ~ 2 8 <input type="checkbox"/> OR <input type="checkbox"/> OR <input type="checkbox"/> DAY                WEEK                MONTH 1 8 ~ 1 9      2 0 ~ 2 1      2 2 ~ 2 3		CARD 14 6~7
12. Cooked vegetables (exclude white and sweet potatoes).....		1	2	21	2 3 ~ 2 4      2 5 ~ 2 6      2 7 ~ 2 8 <input type="checkbox"/> OR <input type="checkbox"/> OR <input type="checkbox"/> DAY                WEEK                MONTH 2 5 ~ 2 6      2 7 ~ 2 8      2 9 ~ 3 0		
13. Eggs		1	2	22	2 3 ~ 2 4      2 5 ~ 2 6      2 7 ~ 2 8 <input type="checkbox"/> OR <input type="checkbox"/> OR <input type="checkbox"/> DAY                WEEK                MONTH 3 2 ~ 3 3      3 4 ~ 3 5      3 6 ~ 3 7		

THANK YOU FOR YOUR COOPERATION

OFFICE USE ONLY

CODER 10:

3 8 ~ 3 9



